

better predictors for post-operative complications following closure of ileostomy and require further investigation.

0049 A REVIEW OF HIP FRACTURE MANAGEMENT WITH RESPECT TO THE BOA STANDARDS – A MULTI CENTRED STUDY

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Introduction: In view of the rising incidence of hip fractures the British Orthopaedic Association, along with the British Geriatric Society, produced the British Orthopaedic Association Standard for Trauma (BOAST) in 2008, setting out standards which should be met when managing hip fractures.

Methods: Prospective studies comparing practice in three hospitals with these standards. In each hospital we collected data over two months. Included - patients aged over sixty sustaining a fractured neck of femur. Excluded - those with imminently terminal disease. We collated the data and compared practice with each of the standards.

Results: Eleven of the fourteen standards had objective, recordable outcomes. Across the hospitals, eight of the standards had compliance rates over 75%. The targets not met varied, but all showed poor compliance in pre-operative Orthogeriatrician review and time taken to undertake any additional imaging. Other targets not being met - time in A&E of <4 hours, surgery within 48 hours, use of a protocol and admission to a dedicated trauma unit.

Conclusion: Many of the targets are being met in all three units but there's still room for improvement. Recommendations included - use of hip fracture pathway, increasing Orthogeriatrician involvement and setting up a dedicated trauma unit.

0050 SURGERY FOR RIGHT ILIAC FOSSA PAIN IN WOMEN OF CHILD BEARING AGE

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Background: Right iliac fossa pain is common and accounts for up to a half of 'acute abdomen' admissions. Common causes in women of child-bearing age include appendicitis or gynaecological pathology. A Cochrane review of the topic recommends a laparoscopic approach as the preferred management of such patients.

Method: Case-note analysis of the management of female patients aged 16–50 years with RIF pain who underwent emergency surgery in a tertiary referral hospital. Fisher's exact test was used for statistical analysis.

Results: 86 women (range 16–49 years) were operated on over a one year period. 40 of 86 (47%) patients underwent a laparoscopic appendicectomy and 21 of 86 (24%) underwent an open appendicectomy. A diagnostic laparoscopy was performed in 14 of 86 (16%). Alternative surgical procedures were performed in 11/86 (13%) patients. An open approach was no more likely to diagnose appendicitis (9/14 [63%]) than a laparoscopic approach (30/64 [47%]; $P=0.38$). A laparoscopic approach was more likely to identify gynaecological pathology (20/64 [31%]) than an open approach (0/14; $P=0.02$).

Conclusion: Best practice guidelines are not being adhered to for the management of this condition. Women of childbearing age with RIF pain should undergo laparoscopic surgery in order to facilitate accurate diagnosis and more precisely inform subsequent management.

0051 COMPLICATIONS FOLLOWING THYROID SURGERY

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Introduction: Thyroid surgery is considered to be relatively safe in terms of post-operative complications. A major French study, including nearly 1500 patients, documented recurrent laryngeal nerve injury rates of up to 7.2%, and post-operative hypocalcaemia of up to 32% (1).

Aim: To assess post-operative outcomes of thyroid surgery in a District General Hospital.

Methods: All thyroid procedures undertaken at our institution between 01/2004 and 09/2009 were identified by interrogating the Histopathology database. Data included demographics, consultant, thyroid operation and histopathology. Long-term outcomes were assessed in all patients with nerve injury and hypocalcaemia.

Results: 237 patients underwent 253 procedures; 84.4% were female. 53 patients underwent total thyroidectomy, 31 sub-total thyroidectomies, 7 isthmusectomies and 162 total lobectomies (20 following a contralateral lobectomy). Surgery was undertaken for malignancies (14.6%), toxicosis (11.1%) and benign conditions (74.3%). Hypocalcaemia was seen in 27 of 104 patients at risk (26%), and had resolved within 6 months in 55% of those contacted. Definite cord palsy occurred in 7 patients with 330 nerves at risk (2.1%); of these, one patient only required thyroplasty.

Conclusion: Thyroid surgery is safe, with acceptable post-operative complication rates; within a District General Hospital it probably should be undertaken by those with a major interest and extensive experience.

0052 COMPARISON OF THE NUMBER OF PUBLICATIONS ACHIEVED BY ORTHOPAEDIC JUNIOR CLINICAL RESEARCH FELLOWS AND BASIC SURGICAL TRAINEES WORKING AT A UNIVERSITY TEACHING HOSPITAL

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Introduction: The value of the Clinical Research Fellow has recently been questioned. We investigated the difference in the number of publications achieved by Doctors in Basic/Core Surgical Training (CST) and Doctors in Junior Clinical Research Fellow (CRF) posts within the Department of Trauma and Orthopaedics at a University Teaching Hospital.

Materials and Methods: A list of consecutive Doctors who worked within the Department between January 2004 and August 2008 was generated. A medline search was performed to determine the number of peer reviewed Orthopaedic publications achieved by each Doctor from post start date to two years after post finish, to allow for publication delay.

Results: Sixty-nine Doctors were included, of which 16% were Clinical Research Fellows ($n=11$). The mean duration worked in the department was 8 months (range 4–36 months). CRF's worked approximately twice as long within the department (15 months) compared with CST's (7 months). During the study period, 45% ($n=5$) of CRF's achieved publication. 8.6% ($n=5$) of CST's achieved publication.

Discussion: We have shown Doctors working in CRF roles are more likely to achieve publication (45%) compared to those in CST (8.6%). We conclude the Clinical Research Fellow is a valuable role for the individual, specialty and Department.

0056 MINIMALLY INVASIVE TECHNIQUE FOR REPAIR OF DIVARICATION OF RECTI

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Background: Plication of the rectus sheath is indicated in patients with musculofascial laxity such as divarication of the recti. Vertical plication of the rectus sheath during abdominoplasty is commonly performed. Some patient do not require or want abdominoplasty but still wish to address the diastasis of the rectus. We propose a new minimally invasive technique of rectus plication and report the clinical outcomes.

Methods: 34 patients underwent plication of the rectus diastasis using a minimally invasive supra-umbilical approach. Post-operative patient satisfaction and complications including recurrence, pain and infection were recorded.

Results: At a mean follow-up of 16.8 months (range 9 to 36 months), there was no incidence of recurrence, no infection. Mean level of discomfort following surgery was 0.7 (range 0 to 3, median 1). Mean patient satisfaction score was 8.05 (range 6 to 10).

Conclusions: In selected patients minimally invasive correction of rectus diastasis can eliminate abdominal wall laxity and can improve abdominal wall contour. This repair eliminates many of risks and complications associated with standard mesh and abdominoplasty techniques.